

RICE UNIVERSITY

Emergency Medical Services



Policy Manual and Standard Operating Procedures

REMS Mission Statement

Rice University Emergency Medical Services (REMS) strives to provide the Rice community with quality emergency medical care. REMS seeks to accomplish this goal through rapid response to calls for emergency service, special event coverage, education of the Rice community, and a commitment to compassionate patient care, quality improvement, and professionalism.

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Introduction

These are the Policies and Standard Operating Procedures for Rice University Emergency Medical Services. All REMS personnel are expected to act in accordance with these guidelines while on-duty, off-duty when applicable, representing REMS, and/or responding to emergency calls. The SOPs are designed to provide the best possible emergency care for patients while staying within the limits of federal, state, and local standards and laws.

These SOPs and addendums are the guidelines and standards to which REMS members will be held accountable. It is important to note that these guidelines are not absolute. Guidelines cannot be created to cover every possible emergency or procedural situation. REMS personnel will be given the latitude to break these guidelines if it is the reasonable and prudent decision in a given situation. However, REMS personnel must keep in mind that they may be called upon to justify their actions.

Notice:

The Rice University Emergency Medical Services Standard Operating Procedures Manual has standardized the use of pronouns in the masculine format. "He" and "his" will be used throughout the manual to reference both sexes. This practice is warranted to avoid the frequent use of the cumbersome "he/she" and "his/her" constructions. We apologize to anyone offended by this practice.

Definitions

Glossary of terms used throughout this document

Advanced Life Support (ALS): The pre-hospital use of medical techniques and skills by qualified personnel who are specially trained and shall include such functions as advanced airway and circulatory maintenance and the management of cardiac disorders.

Basic Life Support (BLS): The pre-hospital use of those techniques and skills included in an EMT-Basic training course which meets the minimum training requirements defined by the DSHS.

Campus: refers to the Rice University main campus and adjacent city streets (not including the Graduate Apartments and other University holdings).

CE: Continuing Education. Class requirements established by DSHS that must be completed to maintain a certification or licensure in order to ensure that EMS personnel further their professional knowledge.

DSHS: Department of State Health Services

EMT-Basic: Emergency Medical Technician trained and certified in accordance with Texas Department of Health guidelines that provides basic life support emergency medical care to sick or injured persons prior to and during medical transport.

EMT-Intermediate: Emergency Medical Technician trained and certified in accordance with DSHS guidelines that provides basic and advanced life support emergency medical care to sick or injured persons prior to and during medical transport.

EMT-Paramedic/Licensed Paramedic: Emergency Medical Technician trained and certified/licensed in accordance with DSHS guidelines who provides basic and additional advanced life support emergency medical care to sick or injured persons prior to and during medical transport.

FRO: First Responder Organization. As defined by DSHS, an FRO is an EMS organization that responds to emergency calls and administers patient care but does not transport the patient.

HFD: Houston Fire Department.

NREMT: National Registry of Emergency Medical Technicians. A private organization that provides written and skills tests for the certification of all levels of EMTs.

OSHA 1910.1030: Occupations Safety and Health Administration regulatory guideline pertaining to the necessity of a plan pertaining to Blood Borne Pathogens and Exposure Control.

Patient Care Report (PCR): Paperwork completed for each call to which REMS was dispatched.

POV: Personally Owned Vehicle

REMS Supervisor: Refers to the REMS Captain or Lieutenants.

Shift Supervisor: Whichever Supervisor is on-duty for a particular shift. The EMS Director can also fill this role.

Definition of Service

GD99-001 *Effective 01-Jun-2004* *Revised 15-May-2004*

1. The primary service area of Rice University Emergency Medical Services includes the following: all open areas, offices, buildings, and residence halls of Rice University, as well as surrounding roadways serviced by the Rice University Police Department. The population served by Rice University Emergency Medical Services is primarily those persons who live, work, or study at Rice University as well as its affiliates and visitors. The outer boundaries of the REMS vehicle service area are defined by the following city streets: Bissonnet, Kirby and Main.
2. In addition to emergency medical services, REMS may be called upon during times of campus-wide emergency to assist the Rice University Police Department in responding to alarms of fire, securing emergency scenes, evacuation, and disaster aid.
3. REMS will provide standby EMS coverage at certain special events on or off campus with permission from the EMS Director.
4. The emergency numbers by which REMS may be reached are the Campus Police Dispatch at x6000 on-campus and (713) 348-6000 off-campus, and said numbers shall be made available to the community that is serviced. Additionally, REMS may be contacted by any blue light or elevator emergency phone.
5. At the beginning of each year, REMS members will offer information sessions during Orientation Week for incoming students, as well as other groups as requested.
6. REMS will coordinate EMS education and continuing education courses to provide the Rice University community with trained professionals who are able to provide medical care in emergency situations.
7. REMS will also ensure that public access defibrillation sites are installed around campus and that the Rice community is trained in CPR and AED usage.

Written Directives Manual

GD99-002 *Effective 01-Jun-2004* *Revised 15-May-2004*

1. A loose-leaf binder will be provided to all current REMS members. The binder will contain the current revisions of the REMS Standard Operating Procedures and Standing Delegated Orders and Treatment Protocols. The manual will be updated regularly with any new or revised portions. All members are required to ensure that their binders are current and will be held accountable for the information contained within.
2. The Standard Operating Procedures manual will contain individual policy statements. Each statement will be issued a code number in the format GD[year]-[serial number]. These policy statements, referred to as General Directives, are the most authoritative written policy concerning a specific topic. General Directives remain in full force and effect until they are revised, superseded, or canceled by the EMS Director.
3. All amendments, revisions, or cancellations shall be submitted in writing to be reviewed by the EMS Director. The EMS Director will consider the changes, any comments made by members, and act to either resubmit the amendment or revision with changes, ratify the amendment or revision, or veto the amendment or revision. The REMS Director and the RUPD Chief of Police must approve all changes to the SOPs in their final form. The Medical Director of Rice University EMS must also approve all SOPs relating to medical care.
4. All policy statements in the Standard Operating Procedures will be designated General Directives (GD). Additional categorizations are as follows:
 - SD Special Directive - a policy, procedure, or protocol relating to a very specific topic.
 - Memorandum of Policy - a short statement to reinforce a standing policy, amend a standing policy, or issue a temporary policy regarding a specific instance or topic.
 - AD Administrative Directive - a policy, procedure, or protocol written specifically as a guideline for Supervisors for the completion of their position responsibilities.
5. The REMS Standard Operating Procedures shall include policies covering the following topics:
 - Certification and recertification of attendants
 - Duties of transportation, including policies relating to delivery of patients to nearest appropriate medical facilities
 - Non-discrimination
 - Dispatch
 - Communications
 - Inventory and supplies
 - Sanitary practices
 - Use of lights and warning signals
 - Staffing
 - Personnel conduct
 - Mechanical failures
 - Infection control procedures
 - Post exposure procedures
 - Special events
6. An authoritative and up-to-date version of the SOP manual will be kept in the REMS office and Supervisor vehicle. This document will serve as the official copy of the Standard Operating Procedures and will be maintained by the EMS Director or his designee.

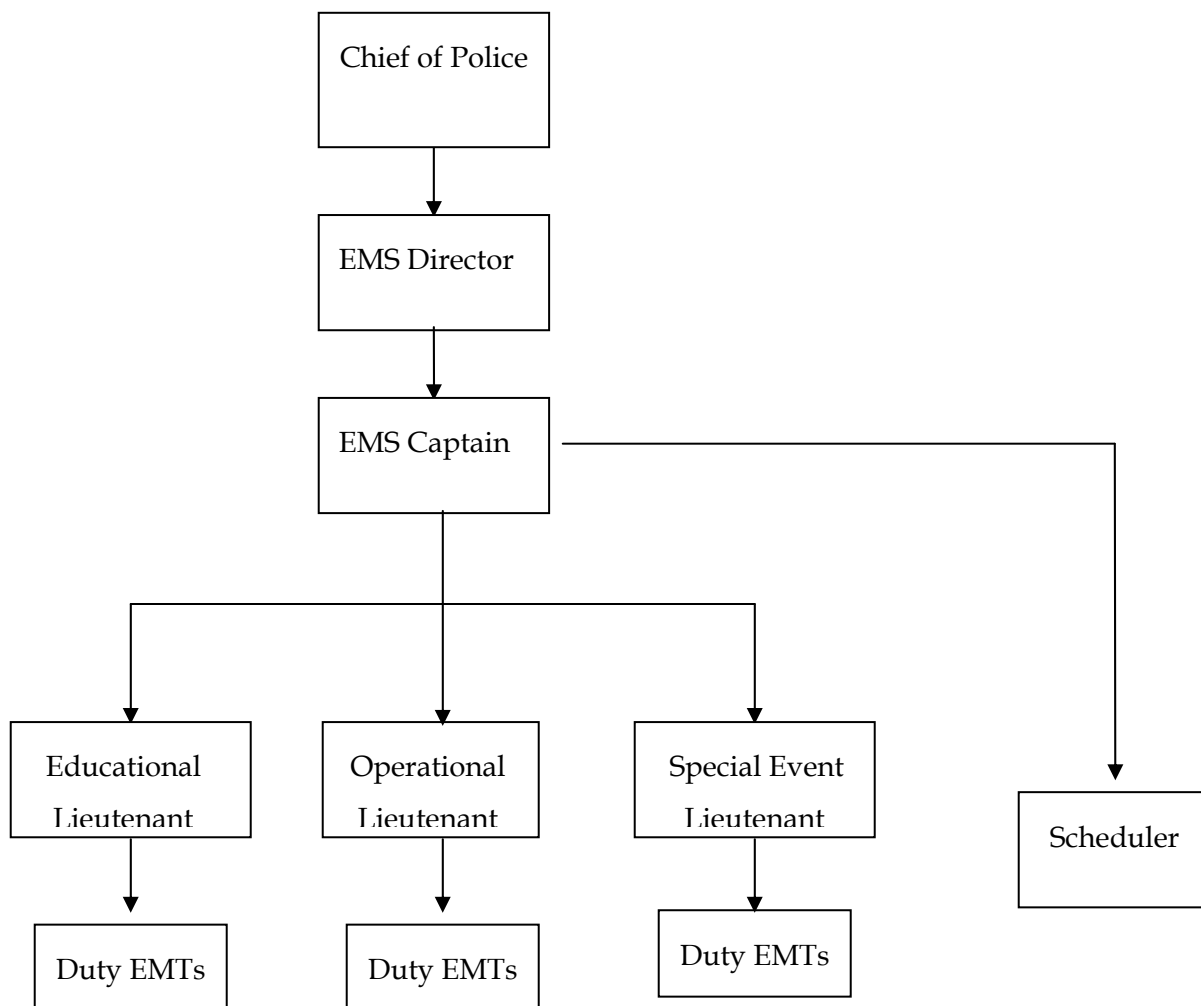
Equal Opportunity and Non-discrimination

GD99-003 *Effective 01-Jun-2004* *Revised 15-May-2004*

1. In accordance with the Rice University Equal Opportunity Policy, REMS reaffirms the commitment to the fundamental principle of equal opportunity and equal treatment for each current and prospective faculty member, employee, and student. In hiring and subsequent relationships with employees [and REMS members], University policy, procedures, and practices are intended to preclude discrimination based on race, color, religion, sex, sexual orientation, age, handicap, veteran's status, or national origin and instead differentiates by considering applicable experiences and/or job performance. Sexual harassment is a form of sex discrimination and is thus a violation of the University policy as well as federal and state statutes.
2. The membership and staff of REMS fully support the Rice University policy to not tolerate any behavior that is harassment or discrimination of students or employees on the basis of race, color, sex, age, religion, national origin, sexual orientation, or handicap. Federal and state laws also prohibit such forms of discrimination. Violations of this policy may lead to disciplinary action including suspension or termination, as well as criminal prosecution.
3. In accordance with REMS staffing requirements, no REMS member will function as an EMT if he has any physical or mental impairment or disease which could reasonably be expected to either impair his ability to function as an EMT or jeopardize the health and safety of his patients. Any such member is ineligible to function as an EMT, but will still retain all the rights and privileges of active REMS membership.

EMS/ RUPD Chain of Command

GD99-004 Effective 01-Jun-2004 Revised 15-May-2004



EMTs fulfilling special jobs will report to whichever supervisor is responsible for the special assignment.

Requirements for Membership and Staffing

GD99-005 *Effective 01-Jun-2004 Revised 15-May-2004*

1. General membership in REMS is open to all currently enrolled students, faculty and staff, as well as other members of the Rice University community who are currently certified as DSHS Emergency Medical Technicians or higher. Members are considered to be in active status if they are on the duty schedule and are not on Leave of Absence or on suspension.
2. In order to qualify as an active member of REMS, the applicant must possess the following:
 - 2.1. DSHS EMS certification (EMT, EMT-I, EMT-P or LP) in accordance with the State of Texas Administrative Code, Title 25, Part 1, Chapter 157, Subchapter C, Section 157.33. DSHS Paramedic Licensure in accordance with the State of Texas Administrative Code, Title 25, Part 1, Chapter 157, Subchapter C, Section 157.40. Members must also maintain the currency of their certification or license with mandatory continuing education, in accordance with the State of Texas Administrative Code, Title 25, Part 1, Chapter 157, Subchapter C, Section 157.38.
 - 2.2. Current American Heart Association or American Red Cross CPR certification at the level appropriate to the professional rescuer.
 - 2.3. A valid driver's license and current car insurance if responding in a POV.
 - 2.4. A negative TB skin test within the previous 1 year, or clear chest X-ray.
 - 2.5. A copy of Hepatitis B vaccination or completed refusal of immunization.
 - 2.6. Completed VFIS Information Packet
3. Photocopies of the items in § 2 et seq. must be on file with the EMS Director before the member is made available for shifts. The only exception to this is that the currency of a member's DSHS certification may be verified through the Internet database query. Members will notify the EMS Director and/or his designee of any discrepancies in certification that would prohibit them from covering shifts.
4. No REMS members will function as EMTs if they have any physical or mental impairment or disease which could reasonably be expected to either impair their ability to function as an EMT or jeopardize the health and safety of their patients. If such a disease or impairment exists, the member will immediately inform the EMS Director and Shift Supervisor.
5. All EMTs are required to attend an orientation program given by a Lieutenant or the Captain prior to becoming an active member of REMS.
6. In order to maintain their skills, all active members are required to ride thirty-six hours every semester, each shift of at least eight hours, with an outside agency that provides 911 service. These shifts must be reported by completing an online ride report which will be documented in the member's personnel file. Members who fail to fulfill the ride time requirement will be placed on probation for 180 days. Failures to fulfill the requirement during or after the first probation will result in suspension.
7. Individuals responding to calls are divided into four different designations: Shift Supervisor, Duty EMT, Student observer. The requirements for each position are explained in § 8 through § 11.
8. The Shift Supervisor is a REMS Supervisor and is the Supervisor who is on-duty for a specific shift.
 - 8.1. In addition to the requirements set forth in § 2 et seq. a Shift Supervisor must have at least one semester as an active REMS EMT, have a minimum certification of EMT-Intermediate, and should have considerable outside EMS experience. The EMS Director may deviate from these requirements provided he gives written notification to the General Membership specifying the changes well in advance of selecting a new Shift Supervisor.

- 8.2. Applicants for Shift Supervisor must complete an Assessment Center administered by the EMS Director, Supervisors and a panel of assessors, after which the applicants will become Supervisor Trainees or removed from the Supervisor selection process. Supervisor Trainees must satisfactorily complete a Supervisor Orientation Program administered by the EMS Director or his designee. Supervisor Assessment Center and Orientation Programs are outlined in the Rice EMS Supervisor Training Manual.
9. Duty EMTs are members of REMS who are on-duty and respond to calls throughout the main campus and adjacent streets. Duty EMTs do not respond to the Graduate Apartments. Specific duties of a Duty EMT can be found primarily in sections *Shift Responsibilities, Conduct, and Uniforms*.
10. Student Observer
- 10.1. A Student observer is defined as an individual who is currently enrolled in an EMT training class sponsored by REMS who, in the interest of furthering his education, rides along with the on-duty crew with the intent of responding with said crew to all calls for aid during a specified time.
- 10.2. Prior to riding with REMS a Student must complete a REMS Personal Database Form and obtain written approval from the EMS Director. The Student must also complete a brief orientation to include:
- Review of key components of the Standard Operating Procedures
 - Operation of radio and/or pager equipment.
 - Review of dispatch and response procedures.
11. If at any time a REMS member loses his state EMT certification, CPR certification, vehicle insurance (if applicable), or driver's license, whatever the reason, said member shall immediately notify the EMS Director and will be removed from the schedule until said certifications are renewed. It is the responsibility of said member to find others to cover his lost shifts.
12. If at any time a REMS member is under investigation by the University Court, Judicial Affairs Committee or University administration in regards to a violation, the EMS Director must be notified immediately. The EMS Director will determine the seriousness of the allegations as it relates to the individual's function as a REMS member and will take appropriate disciplinary actions.
13. All General Meetings are assumed to be mandatory. If a REMS member is unable to attend a meeting at the announced date and time, it is his responsibility to notify his Supervisor before the meeting. An individual with two unexcused absences will be removed from the schedule until he attends a meeting. Individuals already removed from the schedule for other reasons are still obligated to attend General Meetings unless they are on suspension.
- 13.1. Failure to attend a General Meeting while on probation may result in termination from REMS.
- 13.2. If a General Meeting is to include in-service training on a new piece of equipment or protocol, the General Membership shall be notified in advance. If an EMT is unable to attend said training, it is his responsibility to meet with a Supervisor to be briefed on the use of the equipment prior to his next shift. If said individual is unable to do this, it is his responsibility to find a suitable replacement for any shifts that will be missed prior to completion of the in-service training.
14. A member may request to be placed on Leave of Absence. LOA is defined as a time when the member is removed from the duty schedule, is exempted from completing outside ride time, and will not respond to any REMS calls or initiate patient care. EMTs on LOA are still required to attend all General Meetings, in-service training, and are permitted to attend all other REMS functions. In order for an EMT to be placed on LOA, the EMT's supervisor must be notified and the EMS supervisors with the EMS director will determine if LOA status is granted. LOA is typically granted for a semester and is intended to be used for EMTs who develop medical conditions, personal problems, or other situations which require being released from most responsibilities of a Rice EMT. The time limit and exact

changes in member responsibilities may be amended to each individual case at the EMS Director's discretion.

Shift Responsibilities

GD99-006 *Effective 01-Jun-2004* *Revised 15-May-2004*

1. The Scheduler will post a schedule on the REMS website before the beginning of each month.
2. Each crew will consist of a Shift Supervisor and at least one but usually two Duty EMTs. While medical decisions should be made by the agreement of all EMTs on scene, the Shift Supervisor has the final say in patient care. The EMS Director can override the Shift Supervisors and the Captain can override the Lieutenants provided he is on-scene.
3. Assigned shifts will be 12 hours in length. Shift change will occur at 0830 and 2030. The length of shift or specific time of shift change may be altered at the consent of those EMTs affected.
4. Once assigned a shift, it is the off-going and on-coming EMTs responsibility to arrive on time to receive or exchange equipment. If an EMT is unable to make a scheduled shift, it is his responsibility to follow the procedure in § 5. If a problem arises at an equipment exchange (i.e. either the on-coming or off-going EMT does not arrive on time or there will be a gap in coverage), the Shift Supervisor must be contacted immediately via the supervisor cell phone.
5. When exchanging equipment, the off-going EMT will give the oncoming EMT the equipment bag, meal card, keys, parking placard, proximity card, radio and the duty pager. All messages must be erased from the pager prior to exchanging it in order to protect patient confidentiality. The EMT is required to give the oncoming EMT a fully charged radio unless it was used immediately preceding the exchange.
6. When a member is unable to cover an assigned shift, it is his responsibility to locate a suitable replacement. Once a replacement has been located, the EMT must approve the swap with the Scheduler and must contact any EMTs scheduled before or after the swap who may be affected within twenty-four hours of the scheduled shift.
7. REMS EMTs must uphold a professional attitude and appearance that is exemplary of our organization and our affiliates. While on call, all EMTs must:
 - 7.1. Carry themselves in full compliance with the *Conduct* chapter in this manual.
 - 7.2. Dress in the official REMS uniform as defined in *Uniform* in this manual.
 - 7.3. Not be in any environment that would prevent the EMT from hearing the radio and/or receiving a page.
8. On-duty EMTs are responsible for being on campus in order to guarantee a reasonable response time. In the event that an EMT must leave campus for any length of time, it is his responsibility to contact the Shift Supervisor and/or find a suitable replacement.
9. Shift Supervisor responsibilities include:
 - 9.1.1. Responding to all calls whose dispatch information meets the criteria for HFD dispatch as set forth in *Emergency Medical Dispatch Protocol* § 7. This is not intended to restrict the supervisor from responding to any other calls at his discretion.
 - 9.1.2. Responding to all calls that involve structural fire or hazardous materials incidents.
 - 9.1.3. Responding to all multiple casualty incidents to assist with inter-agency coordination.
 - 9.1.4. Responding to all accidents or injuries involving REMS Personnel.
 - 9.1.5. Responding with RUPD to high-risk situations and to treat prisoners.
 - 9.1.6. Retrieving equipment from facilities that are outside of Rice University Emergency Medical Services' primary service area.

- 9.1.7. Responding to calls at special events or at walkups to REMS members when requested by the REMS EMT.
- 9.1.8. Responding to any other call to which the Shift Supervisor feels he should respond.
- 10. In addition to the responsibilities in § 1 through § 8, the Shift Supervisor must:
 - 10.1. Remain within the vehicle service area, except for food runs, vehicle service, equipment recovery, or other situations approved by the EMS Director, or outlined in this manual.
 - 10.2. Respond to all transmissions by RUPD and verify that the Duty Crew has been dispatched appropriately.
 - 10.3. The driver is responsible for the safety and security of the REMS vehicle during his assigned shift and will take due precautions to ensure the vehicle's safety and security.
 - 10.4. Complete a Vehicle & Equipment Checklist at the beginning of every shift.
 - 10.4.1. Conduct an inspection of the REMS vehicle according to *Appendix B*, stressing:
 - 10.4.1.1. All medical equipment.
 - 10.4.1.2. Warning systems.
 - 10.4.1.3. Headlights, taillights and turn signals.
 - 10.4.1.4. New vehicle damage.
 - 10.5. Discrepancies in the above should be reported to the EMS Director or his designee. Equipment missing from the vehicle should be replaced as soon as possible.
 - 10.6. Be certain that all paperwork (i.e. incident reports, patient care reports and checklists) is turned into the proper location immediately following its completion and no longer than 24 hours after the incident.
 - 10.7. Make certain that all non-disposable equipment that is left with the patient at a hospital is either retrieved prior to the end of the shift, or make certain that the Shift Supervisor on the next shift is aware of the equipment's location.
- 11. In addition to the responsibilities in § 1 through § 8, the Duty Crew must:
 - 11.1. Carry a duty bag at all times.
 - 11.2. Verify that the duty bag is stocked appropriately and complete an online Equipment Checklist as early in the shift as possible. A copy of the Equipment Checklist is in *Appendix B*.
 - 11.3. Respond to all pages and/or transmissions made by the Shift Supervisor or Dispatch.
- 12. If at any time there is an interruption of REMS responding capabilities, the Shift Supervisor must notify the EMS Director and RUPD dispatch immediately.
- 13. A College EMT is a member of REMS who lives on campus in one of Rice University's nine Residential Colleges or the Graduate Apartments. A College EMT may be issued equipment to respond to EMS calls at the college to which he is a member but is not required to respond to calls.
 - 13.1. A College EMT must contact Dispatch whenever a patient contacts the EMT for emergency assistance. A College EMT may request either a group page or a supervisor only page and can advise if the supervisor may respond non-emergency.
 - 13.2. If a College EMT is approached by a patient who requires very minor care, the EMT may elect to treat the patient without contacting the Shift Supervisor or may refer the patient to an on-campus health representative.

- 13.3. In order to be a college EMT, the EMT must complete an orientation given by the EMS captain or the EMS director at the beginning of each semester.
- 13.4. College EMTs must complete an on-line inventory of the College Bag at the beginning of every semester and after equipment is replaced. A copy of the College Bag Equipment Checklist is in *Appendix B*.
- 13.5. It is the responsibility of the College EMT to keep the college bag fully stocked in accordance to the equipment list in *Appendix B*.
- 14. REMS provides coverage for various Special Events located on-campus and in the surrounding community. EMTs should refer to the Special Events SOP for further instructions.

Conduct

GD99-007 *Effective 01-Jun-2004* *Revised 15-May-2004*

1. It is imperative that REMS EMTs uphold a professional attitude and appearance that is exemplary of our organization and our affiliates, and act in accordance with the conduct policies contained herein.
2. On-duty EMTs must dress in the official REMS uniform, as defined in the *Uniform* chapter in this manual.
3. EMTs must not be in any environment that may prevent them from hearing the radio and/or receiving a page while on-duty.
4. Some prescription and over-the-counter medications have sedating and/or intoxicating side effects. Members who use medications with these or similar side effects must either find replacements for their scheduled shifts or not take the medication in question when on-duty.
5. Members of REMS shall never engage in the use of recreational or illegal drugs.
6. REMS personnel will not consume any alcohol-containing* food or beverage while on-duty. Additionally, members must not have consumed any alcohol-containing food or beverage within 8 hours of providing care or prior to the start of duty.
7. REMS personnel must not be in the vicinity of any alcohol consumption or occurrence of any form of illegal activity while in uniform, regardless of whether the member is on-duty.
8. Violation of the policies contained in § 5 or § 6 will result in immediate suspension pending a mandatory referral to the appropriate authority for disciplinary action. Violations may also result in a notification of offense to the DSHS for possible suspension or revocation of the violator's EMT certification.
9. Rice EMTs will use the universal access code on their ID cards in a responsible manner. Rice EMTs should not enter academic buildings after normal hours unless they have permission to do so. Abusing this privilege will result in disciplinary action.
10. Healthcare professionals have an important ethical and legal duty to guard and respect the confidential nature of the information conveyed during patient contact. All REMS personnel implicitly promise to preserve patient confidentiality.[†]
 - 10.1. Confidentiality is not an absolute principle. Confidential patient information may be disclosed when patients or their legal guardians agree to disclosure, when mandated by law, or when there exist compelling and overriding grounds for disclosure, such as the prevention of substantial harm to identifiable other persons.
 - 10.2. Unauthorized disclosure of confidential patient information is a serious transgression, and in some cases is considered a criminal offense. Members who violate patient confidentiality will be called upon to justify their actions and may be subject to disciplinary action.

* Alcohol containing shall be defined as any food product or beverage containing greater than 0.5% ethyl alcohol by volume.

† The statement on confidentiality was adapted from a policy statement published by the American College of Emergency Physicians.

- 10.3. Requests to release PCR's to patients or third parties must be received in writing and be approved by the EMS Director. Under no circumstances is a PCR to be released to anyone without the EMS Director's explicit consent.
11. REMS personnel shall not discuss any details of a REMS call with members of the news media, including University publications. All media inquiries shall be directed to the EMS Director, his designee and/or the Chief of Police.
12. While medical decisions should be made by the agreement of all EMTs on scene, the Shift Supervisor has the final say in patient care. Unless a Duty EMT feels that patient care is being seriously compromised he will comply with the Shift Supervisor's directions. Failure to do so is inappropriate and may be subject to inquiry and disciplinary action. If at any time there is a disagreement pertaining to patient care, the EMT or the Shift Supervisor may contact the EMS captain or the EMS director who can overrule the Shift Supervisor's decision.

Uniforms

GD99-008 *Effective 01-Jun-2004 Revised 15-May-2004*

1. Members are required to adhere to the uniforms described herein while on-duty or at a REMS special event. Members shall not engage in conduct unbecoming of a REMS member while in uniform at any time. Conduct unbecoming is defined as any conduct in violation of the *Conduct* chapter and includes consuming alcohol-containing food or beverage while in uniform.
2. All active members of REMS will be issued uniform items. REMS members are responsible for the upkeep of their issued uniform apparel and equipment. EMTs are expected to keep their issued uniforms clean and in good condition.
3. Members in possession of a REMS uniform are prohibited from loaning said uniform items at any time to any person who is not a member of REMS. Only active REMS members with a valid and current DSHS EMT certification may wear any REMS uniform apparel.
4. Any issued uniform apparel that becomes contaminated with biohazardous material as a result of the performance of REMS duties will be cleaned at the expense of REMS. While observing universal precautions and following the guidelines in the Rice University Bloodborne Pathogens Exposure Control Plan, the contaminated apparel shall be removed and placed in a red biohazard trash bag. The outside surfaces of the bag shall be cleaned with a disinfectant compound and then placed inside another biohazard trash bag and tied. The bag shall be labeled with the EMTs name and a description of the contents. The Shift Supervisor shall be notified and will arrange for decontamination and cleaning of the apparel in accordance with the Bloodborne Pathogens Exposure Control Plan Laundering Guidelines. At the discretion of the EMS Director, grossly contaminated apparel will be disposed of in an appropriate manner and replaced at the expense of REMS. In any case, the REMS member shall file a REMS Incident Report detailing the circumstances of the contamination. If necessary, the member should also complete a Rice University EMS Exposure Form.
5. All members are required to wear the following apparel while on-duty:
 - 5.1. Official REMS ID.
 - 5.2. Socks and shoes that fully cover the foot. Open toed shoes and sandals are prohibited.
 - 5.3. Shorts or pants that do not provide an unprofessional appearance.
 - 5.4. At least one of the following:
 - 5.4.1. The official REMS jacket.
 - 5.4.2. The official REMS T-shirt.
 - 5.4.3. The official REMS polo shirt.
6. On certain occasions members may be required to wear the REMS dress uniform composed of the following items.
 - 6.1. Short sleeve white button-up, collared shirt with a REMS patch on the left sleeve and the appropriate DSHS certification patch on the right sleeve. Both patches are to be sown on the sleeve approximately ½ inch below the top seam and centered front to back so that they are on the side of the members arm.
 - 6.2. Black or navy blue EMS pants.
 - 6.3. Black belt (not issued by REMS).
 - 6.4. Black boots or shoes that fully cover the foot (black socks if visible) (not issued by REMS).
 - 6.5. Official REMS ID (worn on the waist or above).

7. On certain occasions the EMS Director or Supervisors may be required to wear the REMS Officer dress uniform composed of the following items.
 - 7.1. Navy blue polyester short or long sleeve shirt.
 - 7.1.1. A REMS patch will be sown on the left sleeve and the appropriate DSHS certification patch on the right. Both patches are to be sown on the sleeve approximately ½ inch below the top seam and centered front to back so that they are on the side of the members arm.
 - 7.1.2. REMS collar devices are worn on both sides of the collar so that the bottom of “REMS” is facing outboard. The bottom corners of the collar devices are to touch the seams running parallel to the edge of the collar and positioned so that the both ends of the devices are equidistant from the collar point.
 - 7.1.3. Badges are to be worn over the left pocket.
 - 7.1.4. Placement of remote speaker microphones and palm microphones are at the wearer’s discretion.
 - 7.2. Navy blue polyester slacks.
 - 7.3. Black belt (not issued by REMS).
 - 7.4. Black boots or shoes that fully cover the foot (black socks if visible) (not issued by REMS).
 - 7.5. Official REMS ID (worn on the waist or above).
8. Student observers are required to wear the following apparel while observing on a REMS shift:
 - 8.1. Items 5.1 and 5.2 as described above.
 - 8.2. Student observers shall wear their student uniforms. A member of another collegiate EMS service that is observing REMS may dress in the official uniform of his service.
 - 8.3. Student observers will prominently display an ID tag identifying them as a REMS student observer while on-scene.

Emergency Medical Dispatch Protocol

GD99-009 *Effective 01-Jun-2004* *Revised 15-May-2004*

Note: The chapter on Emergency Medical Dispatch Protocol is repeated verbatim in the Rice University Police Department Communications Standard Operating Procedures.

1. RUPD will dispatch REMS to all requests for emergency medical assistance, anytime HFD is dispatched to the Rice campus or University holdings, reports of working fires, or reports of chemical or industrial accidents within the REMS primary service area, as defined in *Definition of Service* § 1 of the REMS Standard Operating Procedures manual.
 - 1.1. The Shift Supervisor and/or EMS Director may supercede these dispatch directives at his discretion. (i.e. may ask for a Supervisor only page when EMS group page is indicated, request an ambulance dispatched when not immediately indicated, etc.)
2. Upon receiving a request for emergency medical assistance the dispatcher shall elicit the following information:
 - Location of the incident.
 - Number of ill or injured parties.
 - Nature of injuries or chief complaint, including:
 - Is the patient conscious (able to talk)?
 - Is the patient breathing normally?
 - Potential hazards at the scene.
 - Call-back number and name if available.
 - Advise the party to stay on the line while resources are dispatched.
3. Depending on the urgency of the emergency the dispatcher may elect to dispatch REMS while keeping the caller on the line, and then go back to obtain additional information concerning the nature of the call.
4. The dispatcher shall refer to the REMS Dispatch Desk Reference Manual for further instructions. The initiation of an emergency response remains the number one priority and should not be delayed by additional caller interview.
5. All callers shall be given the following universal pre-arrival instructions:
 - Have one person stay with the patient
 - Request that a third person wait street-side near the front door or roadway to meet arriving police and EMS units.
 - Do not move the patient unless a failure to do so presents an immediate threat to life.
6. Should RUPD dispatch receive a call for help on a city street adjacent to campus, he shall dispatch the EMS group. If the call is on a non-adjacent street, the Dispatcher will notify only the REMS Shift Supervisor and immediately notify the proper city agency of the location and nature of the incident, such that said agency may respond.
7. In addition to dispatching REMS, a Houston Fire Department ambulance shall be requested when the calling party requests one, or when the chief complaint is one of the following:
 - Cardiac Arrest
 - Choking
 - Drowning
 - Electrocutation
 - Gun shot/Stabbing
 - Industrial machinery accidents
 - Labor and delivery/Imminent birth

- Severe burns
- Stroke/CVA
- Sudden Death*
- Suicide

In all cases, the dispatcher shall notify REMS as to whether an ambulance is en route.

8. All calls other than those listed in § 7 will result in the dispatch of the Duty Crew or only the Shift Supervisor. REMS will notify dispatch if an ambulance is required.
9. Houston Fire Department will be notified for all calls involving:
 - Fire or explosion
 - Hazardous materials release
 - Mass Casualty Incident (MCI)
10. Upon receiving a call for emergency assistance, the dispatcher will dispatch the Duty Crew or the Shift Supervisor to the scene via alphanumeric pager. The dispatcher will then transmit a general radio broadcast of the information in § 11. This will inform the on-duty police Officers of the EMS call in progress, and may allow the Shift Supervisor to respond to the call more quickly. At the discretion of the dispatcher, calls meeting the criteria in § 10.1 may be dispatched first to the police and then to REMS. Incidents such as choking or cardiac arrest that pose an immediate threat to life should be dispatched to REMS first when possible.
 - 10.1. In cases of the following calls the dispatcher will advise the REMS Shift Supervisor only, and instruct him to standby near the scene of the incident and await police arrival before approaching the scene:
 - Assault
 - Crime scene
 - Gun shot wound
 - Psychological emergency
 - Stabbing
 - Suicide
 - Violent patient
11. Upon dispatching REMS, the Rice Police Dispatcher shall provide the following information in the initial page:
 - (one or two word description of the incident); (location of the incident, providing room number, street address, or landmarks as appropriate); (on scene hazards, if applicable).

The dispatcher may elect to send supplemental pages with additional information as it becomes available such as:

 - updates on the patient's condition, changes in the patient location, etc. . .
12. The RUPD Dispatcher will maintain a log of the following times:
 - Time call received.
 - Time of dispatch of REMS.
 - Time of REMS en route.
 - Time of dispatch of the ambulance.
 - Time of arrival of REMS.

* In cases of sudden death, REMS, police, and HFD shall be dispatched. Until an EMT or Supervisor can confirm the sudden death the call will be treated as a critical or unknown illness. Once an on-scene EMT reports a patient as DOA, the dispatcher will follow the department procedures for the discovery of a dead body.

- Time of REMS patient contact.
 - Time of arrival of the ambulance.
 - Time of HFD patient contact.
 - Time of ambulance departure from the scene.
 - Time of return to service.
13. Should a REMS EMT come upon an emergency medical situation, on campus, at University holdings, or on the surrounding streets, he must notify RUPD Dispatch. This includes any situation in which a REMS EMT is sought out by a member of the Rice community to provide care, regardless of the seriousness of the injury or whether the member is on or off-duty. The following steps should be taken:
- The EMT shall take whatever steps are necessary to handle the incident until the appropriate services arrive to assume care.
 - The EMT will have the RUPD Dispatcher notified, who will immediately notify REMS and the proper city agency, if applicable, of the location and nature of the incident, such that said agency may respond. The REMS Shift Supervisor must be notified of all such incidents.
 - In certain situations, the EMT providing care may request a Supervisor only page, in order to minimize the number of personnel on a scene. However, members should use caution in exercising this option, and should request a normal EMS response if they have the slightest doubt that the situation may require a larger number of personnel.
 - If the EMT feels that the incident is very minor and that he does not need any further EMS he may request that the Shift Supervisor be instructed to contact the EMT. The Shift Supervisor must be paged immediately. If the Dispatcher has any doubt that the call needs the Shift Supervisor, then the Dispatcher should disregard the EMTs request and dispatch the Shift Supervisor to the scene.
14. If at any time, an alphanumeric page is unsuccessful in dispatching REMS to a request for emergency assistance, the following procedure should be used:
- The EMS group's pager number: (713) 891-1898 or the supervisor group's pager number: (713) 891-2418 should be dialed via phone, depending upon the most appropriate response.
 - After hearing the tone, the following should be dialed: 6000 * 911 #
 - Upon receiving this page, the Duty Crew and the Shift Supervisor will call RUPD Dispatch and the information should be relayed over the phone.
15. If multiple requests for emergency assistance are received at the same time, or if a second request is received while REMS is engaged in a prior call, the dispatcher will follow the same procedures as described in § 12. The Duty 1 crewmember will respond to the first call, the Duty 2 crewmember will respond to the second call, and if a Duty 3 crewmember is on call, he will respond to the call of the highest priority. If three calls for service are received, then the Duty Crew members will follow the same procedure, with the exception of the Duty 3 crewmember responding to the third call.
- 15.1. If an EMT has already made patient contact, then he or she will not leave that patient to respond to another call without ensuring the continuity of patient care, as this would constitute abandonment. The Shift Supervisor will respond to the call of the highest priority.
- 15.2. The Shift Supervisor may also elect to initiate a different course of action and will inform the RUPD Dispatcher and/or the Duty Crew. Appropriate actions may include, but are not limited to, sending additional alphanumeric pages with special requests for off-duty personnel to respond or notifying the appropriate city agency.
16. The REMS Shift Supervisor may request a "Disregard" page sent to the EMS group if the call is minor and the Shift Supervisor can adequately handle the call with the available resources. At no time will the Shift Supervisor request a disregard page if there is any possibility that doing so could compromise patient care.

- 16.1. RUPD Officers or REMS EMTs who arrive on-scene prior to the REMS Shift Supervisor may request a disregard page but the Shift Supervisor must approve every disregard page before it is sent.
- 16.2. All responding EMTs must honor disregard pages no matter how near the scene they are when the page is received.

Radio Communications

GD99-010 *Effective 01-Jun-2004* *Revised 15-May-2004*

1. The Shift Supervisor and on-duty EMTs will carry an issued portable radio at all times and monitor the primary frequency whenever possible.
2. It is the responsibility of the on-duty EMT to ensure that he has a charged battery at all times. A normal battery should be expected to last 10 to 16 hours. A double tone at the end of radio transmissions or a periodic double tone indicates a battery that should be changed immediately. Any poor battery performance should be reported to the EMS Operations Supervisor.
3. In order to prolong the life of the NiCd power cells, they should be fully discharged about once per month and the NiMH power cells should be fully discharged about once every three months. Batteries should not be left in the charger more than 24 hours after being fully charged. Batteries are charged when the indicator light is solid green.
4. The EMS Supervisor or his designee will perform radio and battery maintenance.
5. On-duty EMTs should keep radio transmissions to a minimum. At no time should a name be stated over the air. EMTs should use their assigned REMS radio numbers or call signs when communicating with each other over the radios.
 - The call numbers for on-duty EMTs will be EMS 1 and EMS 2, corresponding to the duty position.
 - All on-duty EMTs should call in to dispatch to announce:
 - “En route” when you begin heading towards the location of the call.
 - “On scene” when you arrive at the general location of the call.
 - “Patient contact” if they are the first EMT to arrive at the patient.
6. The RUPD Dispatcher retains control over the length and priority of radio transmissions at all times. Any request by the Dispatcher to maintain radio silence must be promptly honored.
7. Upon answering all radio transmissions EMTs will announce their EMT number or shift designation.
8. EMTs shall employ the following guidelines in making all radio transmissions:
 - 8.1. Whenever possible, plan the message. Key the microphone push-to-talk (PTT) button and wait until the end of the side tone (if applicable) before speaking. Wait approximately 1 second before releasing the microphone PTT button at the end of transmissions.
 - 8.2. Listen before transmitting to make sure that another transmission is not being interrupted.
 - 8.3. Use an even tone when speaking. Speak approximately 3 to 4 inches from the microphone and avoid covering the microphone grille.
 - 8.4. Speak in plain English. The use of medical jargon shall be avoided.
 - 8.5. Avoid any vocal displays of emotion.
 - 8.6. Keep messages as brief as possible. Lengthy messages shall be avoided. If necessary, break a lengthy transmission into segments, receiving an acknowledgment after each portion before commencing the next segment.
 - 8.7. When a transmission is received and understood, the acknowledgment “clear”, or “received” shall be used. When a transmission is not understood or is unintelligible a request to “repeat” should be made.

- 8.8. The pronouns sir and ma'am may be used when appropriate.
- 8.9. Discourtesy and vulgarities will not be tolerated and may lead to disciplinary action.
- 9. Upon receiving a dispatch, the Shift Supervisor will:
 - 9.1. Notify the Dispatcher when en route.
 - 9.2. Notify Dispatch upon arrival at the scene.
 - 9.3. Notify Dispatch when patient contact is made.
 - 9.4. Notify dispatch upon the arrival of other agencies including ambulances.
 - 9.5. Notify dispatch when clear of the scene with a refusal, or when the patient is en route to a receiving facility.
 - 9.6. Notify dispatch when clear and returning to service.

Vehicle Operations

GD99-011 *Effective 01-Jun-2004 Revised 15-May-2004*

1. While operating REMS vehicles, including the supervisor vehicle, vehicle 2 or the EMS cart, all REMS personnel must carry a valid driver's license and their current Department of State Health Services EMT card as well as have prior approval by the EMS Director to operate the vehicle.
2. Seat belts are mandatory for all operators and passengers while the vehicles are in motion. Smoking in the vehicles at any time is strictly prohibited.
3. Operators are responsible for any citations received.
4. The REMS EMS vehicle is considered an emergency vehicle by the State of Texas and should be operated in accordance with the State of Texas Transportation Code Section 546. Lights and/or sirens may be used only on emergency responses at the driver's discretion according to the following protocol:
 - 4.1. Priority I - In cases of critical or unknown injury or illness, such as unknown medical, respiratory/cardiac arrest, MVC with reported injuries, burns, shock, unconsciousness, labor and delivery, etc., the Shift Supervisor should respond priority I using lights as well as the air horn and/or siren.
 - 4.2. Priority II – In cases of possible life or limb threatening illness or injury, lights will be activated and air horn and/or siren will be used as necessary at the discretion of the Shift Supervisor. The Shift Supervisor must be prepared to justify his use or failure to use warning devices.
 - 4.3. Priority III – In cases of minor illness or injury with no immediate threat to life or limb, the Shift Supervisor will respond to the call with no warning devices activated, obeying all traffic laws and regulations.
 - 4.4. Use of air horn or short bursts of siren is sufficient while responding on campus, as it minimizes disturbances; use of the siren should be avoided unless off-campus, or when pedestrians and vehicles fail to yield to the air horn.
 - 4.5. Upon arrival at the scene, emergency lighting shall be turned off, except in cases when the vehicle is parked in a position that may create a traffic hazard. At such time, the lights shall be kept in operation with the engine running and the vehicle locked. If it is necessary to turn off the engine, the operator shall make certain that all lights have been turned off.
5. The driver is responsible for the safety and security of the REMS vehicles during his assigned shift and will take due precautions to ensure the vehicles' safety and security.
6. At scenes likely to involve a response by the Houston Fire Department, the Shift Supervisor shall position the vehicle so that it will not hinder or be hindered by the operation of said departments. If the Shift Supervisor or any member of REMS is asked to move his vehicle by any member of HFD or responding police agency, he will comply as soon as possible.
7. In order to prevent exposure when requested to the scene of a possible hazardous materials spill or fire, whether in a Rice University facility or a city street, the Shift Supervisor and responding units will comply with recommendations for proper staging of vehicles.
8. Headlights shall be turned on when weather conditions require the use of windshield wipers and at night.
9. The REMS vehicles may be parked in any yellow zone that does not obstruct traffic, or may be parked in any staff/faculty, visitor, resident or commuter space. The vehicles shall be backed into spaces in

order to avoid accidents when responding to a call. Handicapped parking spaces may not be used for routine parking.

10. Speeding, hard braking, and hard steering shall be avoided.
11. The EMS vehicle may be driven off campus provided it remains in the vehicle service area as defined by the area created by Kirby, Main and Bissonnet. The vehicle may be driven outside of this area for special purposes with the authorization of the EMS Director.
12. If approved by the EMS Director, REMS members may use their personal vehicles in order to respond to calls. The EMS Director may also approve the use of emergency warning devices in personal vehicles for emergency response. If a personal vehicle is used to respond while on-duty, it must be operated in a safe manner, obeying all laws and traffic regulations. In all cases, the on-duty REMS member will prominently display a REMS parking placard such that it is clearly visible from a position outside the vehicle. REMS is not responsible for any tickets received as a result of not adhering to the parking policy or those received while off-duty. Any parking citations received while on-duty should be given to a Supervisor with an explanation for appeal.
 - 12.1 During a call, the on-duty EMT should park as close to the scene as possible without obstructing additional responders, including a fire engine or an ambulance. Also, avoid blocking the flow of traffic. Handicapped spaces, fire lanes, slashes spaces, and restricted spaces are all acceptable. The on-duty EMT will move his vehicle as soon as possible after the scene is clear. If the call is on a city street adjacent to campus, park on campus as close to the scene as possible and walk to the call. Never park a personal vehicle on a city street.
 - 12.2 While on-duty and not responding to a call, EMTs should park their vehicle close to themselves during their shift. If he must park on the inner loop, their parking flashers should be on unless he will be parked there for an extended period of time and are at risk of running down their battery. Do not park on two-way streets like Campanile, Alumni and Entrance 3 Road. Do not park in handicapped spaces. As resident/commuter parking spots are acceptable places to park. In general, spots should be occupied in the following order: Student, Staff, Visitor. Avoid parking in fire lanes, loading docks and slashed spaces. Park in a space not in a restricted area.
13. Duty EMTs responding with or without a POV are responsible for maintaining the proximity cards. If the card needs to be replaced, the Duty EMT responsible for losing the card is required to pay the \$25 replacement fee.
14. Operation of the EMS cart must be in accordance with all regulations stated above. In addition to these, additional regulations apply solely to the operation of the cart as stated below:
 - 14.1. In order to be eligible to operate the cart, EMTs must attend an orientation by a supervisor or EMS director.
 - 14.2. EMTs without use of a POV have priority for cart usage.
 - 14.3. The cart may only be used by an on-duty EMT at that time or by an EMT with the permission of a supervisor or the EMS director.
 - 14.4. The cart may not be operated outside of the Rice campus.
 - 14.5. The cart will only be driven on campus roadways and on areas designated on the map posted in the cart unless responding to a call or directed by a supervisor. Only when responding to emergencies or when charging the vehicle can the driver leave campus roadways.
 - 14.6. Escorts of any person that is not a patient or other on duty EMT is strictly prohibited.
 - 14.7. Patient escorts shall be limited to escorting a patient to a transport vehicle, in cases where the call location is not readily accessible by vehicle, or as deemed necessary by a supervisor. While

escorting a patient, speed should be such that a pedestrian is easily able to walk beside the cart during transport.

- 14.8. The cart will be kept behind the police department and plugged in when not in use. The key will be kept with dispatch.
- 14.9. The cart and key must be returned to the police department or exchanged with the next duty EMT at the end of each shift.
- 14.10. In addition to an equipment report, the REMS driver shall conduct a vehicle maintenance check at the beginning of his shift. The check shall include a check of the head and tail lights, windshield visibility, tire condition, power level of batteries and general appearance. Any discrepancy in vehicle condition should be reported to the Shift Supervisor immediately.
- 14.11. The cart should be charged when not in use and must be charged when batteries reach less than half full.
- 14.12. Keys should never be left in an unattended cart and any equipment left in an unattended cart must be secured and locked.

Vehicle Maintenance

GD99-012 *Effective 01-Jun-2004* *Revised 15-May-2004*

1. In order to prolong the life of the engine and the battery, as well as improve public exposure, REMS Shift Supervisors should attempt to drive at least five miles in each shift.
2. The vehicle should be washed as necessary or at least once a week.
3. The interior of the vehicle shall be kept clean by the REMS Supervisors and should be cleaned as necessary by the Shift Supervisor.
 - 3.1. If contaminated materials are discovered, the Shift Supervisor shall observe universal precautions and follow the guidelines in the Bloodborne Pathogens Exposure Control Plan. If necessary, Environmental Health and Safety shall be paged to assist in clean up and disposal of biohazard materials.
4. The REMS Shift Supervisor shall conduct a vehicle maintenance check at some point during the beginning of his shift. The check shall include all items in *Appendix B* of this manual. The EMS Director shall be notified of any discrepancies in vehicle condition.
5. If at any time a REMS member discovers a discrepancy in the vehicle that may interfere with safe and timely operation, the EMS Director and the RUPD dispatcher shall be notified. The vehicle shall be removed from service until such time that repairs are completed. The Shift Supervisor noting such a defect shall complete an incident report. Necessary equipment will be transferred to vehicle 2 and the Shift Supervisor will respond in that vehicle until the EMS vehicle can be used.
6. The vehicle will undergo an oil change and a fluid check every 3000 miles or three months, whichever comes first. The vehicle will be delivered to the appropriate dealership service department for a preventive maintenance check every 6 months. All other maintenance will be performed in accordance with the manufacturer's recommendations or as recommended by a maintenance check.
7. Maintenance for the EMS cart will be performed as necessary to ensure safe and effective operation of the vehicle.

On Scene Procedures/Ambulance Interface

GD99-013 Effective 01-Jun-2004 Revised 15-May-2004

1. While on scene at an emergency, REMS personnel will maintain a professional attitude and appearance. Members will act in accordance with the REMS code of conduct as defined in *Conduct of this manual*.
2. EMTs will provide care in accordance with the most current revision of the Rice University EMS Standing Delegated Orders and Protocols, at a level approved by the EMS and Medical Directors. No procedure that is beyond the EMT's level of certification may be attempted without on-line medical direction.
3. REMS personnel are in charge of patient care at all times while on scene with RUPD. Supervisors are also responsible for scene management and safety.
4. Should a patient require an ambulance, the EMTs on-scene shall notify the RUPD dispatcher, who will call the Houston Fire Department for an ambulance.
5. When an ambulance arrives on scene, REMS personnel should briefly identify themselves and give the history of the patient, as well as any care rendered. The ambulance or squad number of the crew to whom care is transferred shall be recorded in the REMS Patient Care Report. Upon arrival of the Houston Fire Department, patient care is transferred to the appropriate HFD personnel.
6. If a patient care dispute exists among REMS EMTs or with members of a responding ambulance, it should not be expressed in front of the patient. Any disagreements in patient care should be noted and an incident report should be filed if necessary. The EMS Director should be notified of any disagreements between REMS personnel or between REMS personnel and ambulance personnel as soon as possible after a call.
7. If REMS personnel feel that patient care is being seriously compromised, the HFD EMS Supervisor or another ambulance may be called, provided the delay in transport will not further compromise patient care. The reasons for such actions must be carefully documented in an incident report. The EMS Director should be notified as soon as possible after such an event.
8. If a physician is on scene with valid identification and proof of certification, and said individual wishes to be in charge of, and responsible for, patient care, then he must accompany the patient to the receiving facility. The REMS EMTs shall record the name of said individual on the Patient Care Report. More specific instructions for handling intervener physicians are outlined in the Standing Delegated Orders and Protocols.
9. While interfacing with an outside ambulance, either at the ALS or BLS level, REMS personnel are responsible for preventing any negligent care up to their level of certification and training. For example, if the patient requires C-spine immobilization, REMS personnel are just as responsible to see that the patient is immobilized properly as the EMTs or Paramedics that arrived with the ambulance.
10. In cases when a patient or bystanders are violent or abusive towards REMS EMTs, the REMS EMTs should exit the scene until such time that the situation is resolved by RUPD. Charges may be filed if an individual assaults a REMS EMT on scene, or if an individual compromises the patient by obstructing or impairing REMS personnel in the completion of their duties.
11. At no time shall a REMS EMT physically restrain a patient while awaiting the arrival of a RUPD officer, unless failure to do so presents an immediate threat to the patient's life. If a REMS EMT is forced to restrain a patient under such circumstances, an incident report detailing the actions of the EMT must be filed.

12. In situations in which the scene may be unstable or unsafe, such as a crime in progress or a fire, REMS EMTs are not to enter the scene. If it is unclear from the dispatch whether the scene is safe, responding EMTs would be advised to contact RUPD Dispatch for more specific instructions. If victims are trapped in a building or an area that cannot be entered or reached, REMS personnel on scene should notify Dispatch. Rescue is the responsibility of the Houston Fire Department, and REMS EMTs should coordinate efforts with the on-scene Incident Commander.

Records and Documentation

GD99-014 *Effective 01-Jun-2004* *Revised 15-May-2004*

1. A patient care report must be filed every time REMS receives a dispatch from RUPD, even if no patient contact is made. This includes, but is not limited to the following: canceled prior to arrival, no patient found, fire standby, chemical spill standby, etc.
2. When completing Patient Care Reports, REMS personnel will:
 - 2.1. Print legibly.
 - 2.2. Complete the narrative using either the SOAP or CHART method.
 - 2.3. Use approved abbreviations only. (See *Appendix A*)
 - 2.4. Be concise and avoid excessive redundancy.
 - 2.5. Document sources of information (whether by patient or bystander, etc.).
 - 2.6. Completely document all pertinent information and pertinent negatives.
 - 2.7. Read report and correct any ambiguities.
 - 2.8. Make any deletions or corrections by drawing a single line through the mistake, initialing, dating the correction, and writing "err" for error.
 - 2.9. If an incident report is filed along with the PCR, it should be noted on the form.
 - 2.10. Provide the transporting agency (if applicable) with the yellow copy. The remainder of the original report should be completed within twenty-four hours of the incident. If the yellow copy was not needed, it must be shredded in the EMS office.
3. Information on a PCR or Incident Report is absolutely confidential. No information regarding a patient shall be given to persons who are not involved in said patient's care unless the criteria outlined in *Conduct § 8* has been satisfied.
4. All refusals will be properly documented, including the signature of a witness if indicated. Patients who sign a refusal must be advised of their condition, possible complications, and to seek the care of a physician. More specific refusal procedures are outlined in the Standing Delegated Orders and Treatment Protocols.
5. PCRs are to be kept on file for an indefinite period of time. The EMS Director shall have access to the locked file cabinet where PCRs are kept and shall be responsible for the maintenance of said records.
6. When completing an Incident Report, REMS EMTs will:
 - 6.1. Type and sign a report or use REMS incident report form.
 - 6.2. Print legibly (if applicable).
 - 6.3. Report all information chronologically.
 - 6.4. Include as many facts surrounding the incident as possible.
 - 6.5. Avoid emotional or personal opinions of actions taken by self or others.
 - 6.6. Sign the report.
 - 6.7. File completed reports within twenty-four hours of the incident. The report should be logged in the Incident Report Log.

7. The EMS Director or a Supervisor is required to respond in writing within one week of when an incident report is filed. Such response shall include information on actions taken by the EMS Director or other authority.
8. The EMS Director or his designee shall be responsible for maintaining personnel records for every member of REMS.
 - 8.1. All information in personnel files shall be regarded as confidential. Further personnel files are the property of REMS and used to maintain personal information and records related to REMS members.
 - 8.2. These records shall be kept in the Executive/Operations file cabinet in the office. Only the EMS Director and Supervisors may have access to this cabinet.
 - 8.3. Any member may request to view his personnel record at any time. Any such request shall be complied with and acted upon by the EMS Director or a Supervisor in a timely manner. As property of REMS, personnel files will be neither photocopied nor removed from the EMS office at any time.
 - 8.4. The personnel record shall contain:
 - A current Personnel Cover Sheet.
 - A signed Hepatitis B vaccination waiver or evidence of vaccination.
 - Photocopies of all relevant certifications, including DSHS EMT certifications, NREMT certifications, CPR card, driver's license, TB test within the previous 1 year, POV insurance, and photocopies of any additional certifications.
 - Copies of any relevant incident reports.
 - Copies of any letters.
 - Copies of any findings of inquiries and records of any disciplinary actions.
 - Records of exposures.
 - Immunization records.
 - 8.5. Personnel records shall be kept on file for a minimum of three years after a member's end of service. Records of exposures shall be kept on file for a minimum of seven years.

Disciplinary Action

GD99-015 *Effective 01-Jun-2004* *Revised 15-May-2004*

1. Grievances shall be completed on an Incident Report form or typed and signed and submitted to the EMS Director.
 - 1.1. Grievances in which the EMS Director is a subject shall be submitted to the RUPD Chief of Police.
2. The EMS Director will review all grievances and consult with the EMS Captain and the member's Lieutenant to determine an appropriate course of action based on available disciplinary options.
3. Discipline shall be incremental and proportional to the offense. Levels of discipline are:
 - 3.1. Verbal or written coaching.
 - 3.2. Written reprimand.
 - 3.3. Probation of not less than 30 days and not more than 180 days.
 - 3.4. Suspension of not less than 30 days and not more than 180 days.
 - 3.5. Demotion (applicable to Lieutenants or Captain only).
 - 3.6. Termination.
 - 3.7. Disciplinary action does not necessarily need to proceed through each level listed above. The EMS Director and Supervisors retain the right to initiate action at any level of discipline, depending upon the seriousness of the offense.
4. All disciplinary actions will be documented on a Rice University Counseling Record form. The original form shall be kept in the member's personnel file and one copy will be provided to the REMS member who was disciplined.
5. Appeals of disciplinary action may be made to the RUPD Chief of Police.
6. As stated in *Requirements for Membership and Staffing*, any member who is under investigation by the University Court, Judicial Affairs Committee or University administration must immediately inform the EMS Director. The EMS Director will determine the seriousness of the allegations as it relates to the individual's function as a REMS member and will take appropriate disciplinary actions.
7. Verbal coachings, written coachings, and written warnings are not accompanied by any change in status. The coaching or warning is retained in the individual's file and must be taken into consideration if the individual makes a similar procedural violation in the future. Additional violations will warrant more severe disciplinary action.
8. Probation is defined as a period in which a member of equal or higher standing must supervise the individual. While the member may not be allowed to participate in certain functions, such as paid standbys, he must still attend all General Meetings and in-service training, as well as fulfill any other obligations. Probation can last for any time not less than 30 days to not more than 180 days.
9. Suspension is defined as a period in which the member is prohibited from participating in any REMS functions, remaining on the duty schedule, attending General Meetings, or receiving in-service training. After the suspension period has lapsed the member must meet with a REMS Supervisor before being allowed to participate in any REMS functions in order to be oriented to any changes that have occurred during the suspension period. Additionally, after the suspension has lapsed the member must complete a probationary period of not less 30 days and not greater than 180 days in order to observe whether the member has changed the behaviors that caused the suspension. If the behavior has not changed, the member may be terminated from REMS. Additionally, completion of the probationary period does not remove all previous infractions from the member's record, e.g. further infractions after

the probationary period will not be treated as a first infraction. Suspension can last for not less than 30 days and not more than 180 days.

10. Termination is defined as a member's permanent removal from REMS. The individual is required to return all REMS property and will not be allowed to participate in any REMS function or practice out-of-hospital medicine under the license of the REMS Medical Director.

Special Events

GD99-016 *Effective 01-Jun-2004* *Revised 15-May-2004*

1. Eligibility. In order to begin working special events, the REMS member must meet the following requirements.
 - 1.1. Have at least 2 months of active experience with REMS.
 - 1.2. Be in compliance with the minimum amount of ride time required.
 - 1.3. Attend a special event training session with the special event supervisor..
 - 1.4. Demonstrate competence in completing charts.
 - 1.5. Attend one special event as an unpaid observer with another member to become oriented to procedures.
 - 1.6. Have a strong understanding of the REMS SOP's and SDO's.
 - 1.7 Be comfortable providing care and writing charts without the aid of a supervisor.
2. Expected Duty.
 - 2.1. At sporting events, the special event EMT is responsible for the crowd and not the athletes, coaches or referees.
 - 2.2. At events held at the Baker Institute or the Jones Business School, the special event EMT is not to approach the stage area.
 - 2.3. A special event EMT may treat athletes, coaches, referees or persons on the stage area, but only if expressly asked to do so by event staff. If this does occur, the special event supervisor will be notified at the earliest convenience.
 - 2.4. The EMT is expected to act in a responsible and professional manner while remaining on standby at a special event. If there is any controversy at the special event, the EMT is to address those concerns with the special events supervisor. No issues will be directly addressed between the EMT and the event staff or member of the crowd or audience. Failure to act in a professional manner or failure to contact the special events supervisor and/or Shift Supervisor will result in disciplinary action.
3. Uniform.
 - 3.1. For most athletic events, the EMT will wear the REMS T-shirt and pants or shorts of an appropriate length. This policy excludes football games.
 - 3.2. For formal special events, the EMT will wear the REMS dress uniform. This includes Baker Institute events and football games. The dress uniform consists of:
 - 3.2.1 Short sleeve class A button up shirt with a REMS patch on the left sleeve and the appropriate certification patch on the right sleeve.
 - 3.2.2 Black paramedic pants or appropriate slacks.
 - 3.2.3 Black boots.
 - 3.2.4 Black belt.
 - 3.3 The EMT should wear their official REMS ID on or above waist level, so that it is visible at all times.

3.4 Any variations to the preceding general rules determining appropriate uniform attire will be at the discretion of the special event supervisor.

4. Equipment.

4.1 The following equipment should generally be present at each special event, and it is the responsibility of the EMT that this equipment is fully restocked, charged and otherwise ready for use.

4.1.1. Special Events Bag

4.1.2. AED

4.1.3. Radio with a charged battery

4.1.4 Special Events Pager.

4.1.5. Clipboard containing PCR's, special event short forms, HFD survey slips, and empty envelopes.

4.2 Prior to completing the special event, the EMT must complete a paper inventory sheet of the equipment using the inventory forms in the clipboard. This inventory sheet should be turned in to dispatch in the envelope with all other special event paperwork at the end of the special event. Contact the Shift Supervisor to replace any critical missing or malfunctioning equipment at the beginning of the shift or to replace non-urgent equipment at the end of the special event.

4.3 At the end of the special event, the EMT must delete all messages on the pager and turn off the pager before returning it.

4.4 Any lost or damaged equipment may require full or partial reimbursement by the responsible EMT following an investigation by the special event supervisor and/or EMS director. Lost or damaged equipment may also result in removal from the event schedule.

5. Reporting.

5.1. Report times will be available prior to the day of the event. It is the responsibility of the EMT to report to the given location by the report time. Failure to do so may result in removal from the special event schedule as well as disciplinary action.

5.2. Upon arrival, the EMT should notify dispatch of their status via radio. For special events, the EMT will be designated a call number "EMS 3", "EMS 4", etc. The following script should be used:

5.2.1 EMT: EMS 3 (or appropriate designation as specified by the special events supervisor)

Dispatch: EMS 3 go ahead

EMT: EMS 3 on standby for "name of event" at "location of event"

Dispatch: Clear, "time"

5.2.2 The EMT should request the call number for the standby event, and fill in this number appropriately on a PCR.

5.3. The seat designations for Baker School or Sheppard School events will be designated by the coordinator of that special event. The seat designations for the athletic events are as follows:

5.3.1. Baseball – sit on a fold-out chair on the concourse, next to the media.

5.3.2. Football – one person will man the first aid station located below the R-Room. One team will be located on each side of the field on the first concourse, at the 50-yard line.

5.3.3. Soccer – sit in a blue seat, on the top row by the aisle.

5.3.4. Basketball – sit on the visitor's side, first row in the last seat to the right if facing the court.

6. Treatment.

6.1. When an EMT is approached to render care, the EMT must notify dispatch as to the nature of the call, and whether the EMT will need any assistance by a supervisor or a full duty crew.

6.2. When treating very minor emergencies, the EMT shall radio or call to the supervisor on duty to clear minor refusals.

7. Paperwork.

7.1. All paperwork for a special event must be completed by the end of the event.

7.2. For every patient that requests care, a PCR must be completed.

7.3. In the event that the injury is very minor, a short PCR may be completed. These forms are included in the Special Events clipboard. Any injury that may require off-site evaluation and/or treatment requires a full length PCR. Any questions about paperwork should be directed to the special event supervisor.

7.4. In the event that there were no patients treated at a special event, a full-length PCR should be submitted that states in the narrative that no patients were treated.

7.5. All paperwork for a special event should be placed in an empty envelope and sealed. On the outside of the envelope, write the location, date and time of the special event, the name(s) of the EMT(s) working the event, and how many charts there are included.

8. Leaving the Event.

8.1. An EMT may not be released from special events until a majority of the crowd has dispersed.

8.2. At that point the EMT must notify dispatch that they are no longer stationed at the event. This radio transmission should include that the EMT is clear of the specific event at the specific location, along with the number of patients treated by all EMS on standby at the event.

9. Off-campus Special Events.

9.1. For special events that are off-campus, it may be necessary to reach RUPD dispatch via a phone line instead of a radio. The EMT must request that a call slip be generated for a standby at an off-campus special event. RUPD dispatch must be advised as to when an EMT arrives at an event as well as when they leave. RUPD dispatch should not be contacted for any calls at that event, but the Shift Supervisor should be contacted in the event of a call.

9.2. It will be the responsibility of the EMT to determine the treatment priority of the patient. In the event that further medical assistance is required, HFD must be requested directly via "911". The Shift Supervisor should be contacted after each contact with HFD at off-campus special events as well as to authorize a refusal.

10. Payment.

10.1. The standard pay is \$13 per hour per EMT with a four-hour minimum.

10.2. Usually, the EMT will be paid by submitting a signed SPAF in the envelope with the PCRs and equipment check list. Payment will be via a check from the university.

10.3. For events designated as such by the special events supervisor, the EMT will be paid in cash on site. The EMT should not leave the event until they have been paid. If for any reason the

EMT has not been paid at the end of the event, he should contact the special events coordinator immediately.

11. Any of the above SOPs as they pertain to special events may be changed at the discretion of the Special Events Supervisor. If there are any questions or concerns that are raised during any of the events, the Special Events Supervisor should be notified immediately.

Exposure Procedure

GD99-017 *Effective 01-Jun-2004* *Revised 15-May-2004*

1. Personal Protection Equipment provided by REMS
 - 1.1. Disposable gloves
 - 1.2. Disposable facemasks with eye shields
 - 1.3. Biohazard bags
 - 1.4. Sharps containers
 - 1.5. Germicidal hand wipes
2. Exposure Prevention:
 - 2.1. REMS members shall observe all appropriate universal precautions when treating any patients or handling potentially contaminated equipment or supplies.
 - 2.2. Gloves are to be changed between patient contacts.
 - 2.3. Hands must be washed frequently with soap.
 - 2.4. Equipment shall be disinfected immediately after use. Equipment to be used on multiple patients must also be examined and cleaned thoroughly during regular equipment checks.
 - 2.5. Ensure a sharps container is available prior to completing any procedure in which a sharp may be generated. These sharps are to be immediately disposed. Lancets, needles, and scalpels shall not be recapped.
 - 2.6. Dispose of all infectious waste into a biohazard bag or appropriate sharps container. The Shift Supervisor is responsible for the appropriate disposal of all biohazard bags, boxes, and sharps containers within 30 days from the time the first item was placed in it.
3. In any case of exposure, the REMS member is responsible for immediately contacting the Shift Supervisor to notify him of the exposure. The EMS Director must be contacted if the Shift Supervisor is the affected party.
4. The REMS member shall file a REMS Incident Report detailing the circumstances of the contamination. If necessary, the member should also complete a Rice University EMS Exposure Form obtained from the Shift Supervisor. The immediate supervisor of the REMS member shall file a REMS Incident Report detailing the measure taken to handle the exposure incident. One copy should be filed in the Incident Reports folder and one copy should be filed in the personnel file of the REMS member.
5. At the discretion of the Shift Supervisor and/or EMS Director, the exposure may be reported to Rice University Risk Management and the REMS member may be immediately referred to Hermann Occupational Medicine for further evaluation and treatment.
6. Any issued uniform apparel that becomes contaminated with biohazardous material as a result of the performance of REMS duties will be cleaned at the expense of REMS. While observing universal precautions, the contaminated apparel shall be removed and placed in a red biohazard trash bag. The outside surfaces of the bag shall be cleaned with a disinfectant compound and then placed inside another biohazard trash bag and tied. The bag shall be labeled with the EMT's name and a description of the contents. The Shift Supervisor shall be notified and will arrange for decontamination and cleaning of the apparel. At the discretion of the EMS Director, grossly contaminated apparel will be disposed of in an appropriate manner and replaced at the expense of REMS.

Appendix A – List of Approved Abbreviations

GD99-018 Effective 01-Jun-2004 Revised 15-May-2004

Ø	none, no	AT	atrial tachycardia
↑	increase	AV	atrioventricular
↓	decrease	b.i.d.	twice per day
(-)	negative, absent	BBB	bundle branch block
(+)	positive, present	bilat.	bilateral
(=)	equal to, same as	BM	bowel movement
(L)	left	BP	blood pressure (or B/P)
(R)	right	BS	breath sounds
@	at	BSA	body surface area
~	approximately	BVM	bag valve mask
<	less than	c	with
>	greater than	C°	Centigrade
Δ	change	c/o	complaining of
1°	primary, first degree	Ca	carcinoma, cancer
2°	secondary, second degree	CABG	coronary artery bypass graft
3°	tertiary, third degree	CAB	coronary artery bypass
a	before	CAO	conscious, alert, and oriented
A & P	anatomy and physiology	Caps.	capsule
a.c.	before meals	CBC	complete blood count
aa	of each	CC	chief complaint
Ab	abortion	cc	cubic centimeter
abd	abdomen	CHF	congestive heart failure
ACLS	Advanced Cardiac Life Support	Cl-	chloride
adm.	administration	cm	centimeter
AED	automated external defibrillator	CNS	central nervous system
AF	atrial fibrillation	CO	carbon monoxide
AIDS	Acquired Immune Deficiency Syndrome	CO ₂	carbon dioxide
AKA	also known as	COPD	chronic obstructive pulmonary disease
AMA	against medical advice	CP	chest pain
AMI	acute myocardial infarction	CPR	cardiopulmonary resuscitation
ant.	anterior	CSF	cerebrospinal fluid
AOx4	alert and oriented to person, place, time and event	CSM	carotid sinus massage
AP	front-to-back (anteroposterior)	c-spine	cervical spine
APAP	acetaminophen, Tylenol	CVA	cerebrovascular accident
APC	Aspirin, Phenacetin, and Caffeine	CVP	central venous pressure
approx.	approximately	cx	chest
aq.	water	CXR	chest x-ray
ARC	AIDS-related complex	D & C	dilatation and curettage
ARDS	Adult Respiratory Distress Syndrome	D/C	discontinue
art.	artery	D5W	dextrose 5 percent in water
ASA	aspirin	diff.	difficulty
ASHD	atherosclerotic heart disease	DKA	diabetic ketoacidosis
		DM	diabetes mellitus
		DNR	do not resuscitate

DOA	dead on arrival	HIV	human immunodeficiency virus
DOE	dyspnea on exertion	HPI	history of present illness
DPT	diphtheria, pertussis, and tetanus vaccine	HR	heart rate
		hr.	hour
DSD	dry, sterile dressing	hs	at bedtime
DTR	deep tendon reflex	HTN	hypertension
DTs	delirium tremens	Hx	history
DVT	deep venous thrombosis	IC	intracardiac
Dx	diagnosis	ICP	intracranial pressure
e.g.	for example	ICU	intensive care unit
EBL	estimated blood loss	IDDM	insulin dependent diabetes mellitus
ECG	electrocardiogram	IM	intramuscular
ED	emergency department	inf.	inferior
EDC	estimated date of confinement	IO	intraosseous
EEG	electroencephalogram	IPPB	intermittent positive pressure breathing
EENT	eyes, ears, nose, throat	irr.	irregular
EKG	use ECG	IUD	intrauterine device
EMS	emergency medical service	IV	intravenous
ENT	ears, nose, throat	JVD	jugular venous distention
EOMI	extraocular muscles intact	K+	potassium
ER	emergency room	kg	kilogram
est.	estimated	KVO	keep vein open
ET	endotracheal	/	liter
ETA	estimated time of arrival	lac	laceration
EtOH	ethyl-alcohol - alcoholic beverages	lb.	pound
F°	Fahrenheit	LBBB	left bundle branch block
FHR	fetal heart rate	LBM	last bowel movement
FHx	family history	LBP	lower back pain
fl	fluid	lg.	large
fx	fracture	liq.	liquid
g	gram	LLL	left lower lobe of the lung
GB	gall bladder	LLQ	left lower quadrant
GCS	Glasgow coma scale	LLR	left lateral recumbent
GI	gastrointestinal	LM	last meal
gr.	grain	LMC	last menstrual cycle
GSW	gun shot wound	LMP	last menstrual period
gtt.	drop	LOC	loss of consciousness
GU	genitourinary	lpm	liters per minute
GYN	gynecologic	LR	lactated Ringer's
H	hypodermic	LUL	left upper lobe of the lung
H & H	hemoglobin & hematocrit	LUQ	left upper quadrant
H & P	history and physical	LZ	landing zone
h.	hour	m	meter
H/A	headache	MAEW	moves all extremities well
h/o	history of	MAP	mean arterial pressure
Hb.	hemoglobin	MAST	military anti-shock trousers
Hct.	hematocrit	mcg.	microgram
HEENT	head, ears, eyes, nose, throat	MCI	mass casualty incident
HFD	Houston Fire Department	MCL	midclavicular line
Hg	mercury	mEq.	milliequivalent

mg.	milligram	PND	paroxysmal nocturnal dyspnea
mL	milliliter	po	by mouth
mm	millimeter	PO	post operative
mo.	month	pO ₂	oxygen pressure
mod.	moderate	poss.	possible
MS	morphine sulfate	post.	posterior
MS	multiple sclerosis	PP	post partum, after birth
MVA	motor vehicle accident	pr	per rectum, rectally
N/A	not applicable	PRN	as needed
N/V	nausea and vomiting	psi	pounds per square inch
Na+	sodium	PSVT	paroxysmal supraventricular tachycardia
NaCl	sodium chloride	PT	physical therapy
NAD	no acute distress	pt.	patient
NaHCO ₃	sodium bicarbonate	PTA	prior to arrival
NC	nasal cannula	PVC	premature ventricular contraction
neg.	negative	q	every, per
NG	nasogastric	q.i.d.	four times per day
NIDDM	non-insulin dependent diabetes mellitus	qd	every day
NKA	no known allergies	q _x h	every x number of hours
NKDA	no known drug allergies	R/O	rule out
NPO	nothing by mouth	RBBB	right bundle branch block
NRB	non-rebreather mask	RBC	red blood cell
NS	normal saline	REMS	Rice University EMS
NSR	normal sinus rhythm	resp.	respirations
NTG	nitroglycerin	RHD	rheumatic heart disease
O.D.	right eye	RL	ringer's lactate
O.S.	left eye	RLL	right lower lobe of the lung
O ₂	oxygen	RLQ	right lower quadrant
Ob/Gyn	obstetrics/gynecology	RML	right middle lobe of the lung
OBS	organic brain syndrome	RN	registered nurse
OD	overdose	ROM	range of motion
OPA	Oropharyngeal airway	RR	respiratory rate
OR	operating room	RUL	right upper lobe of the lung
oz.	ounce	RUPD	Rice University Police Department
p	after	RUQ	right upper quadrant
P	pulse	Rx	prescription medication
p.c.	after meals	s	without
palp.	palpation	S/P	status post
PASG	pneumatic anti-shock garment	S/S	signs / symptoms
PAT	paroxysmal atrial tachycardia	SA	sino-atrial
PCN	penicillin	SC	subcutaneous
pCO ₂	carbon dioxide pressure	SFM	simple face mask
PE	physical exam	SIDS	sudden infant death syndrome
PEA	pulseless electrical activity	SL	sublingual
PERRL	pupils equal, round, reactive to light	SOB	shortness of breath
pH	hydrogen ion concentration	SOP	standard operating procedures
PID	pelvic inflammatory disease	SpO ₂	oxygen saturation via pulse oximetry
PMH	past medical history	SQ	subcutaneous
PMS	pulse, motor, sensation	ss	half

stat	immediately
STD	sexually transmitted disease
sup.	superior
SVT	supraventricular tachycardia
SW	stab wound
Sx	symptoms
t.i.d.	three times per day
tab.	tablet
TB	tuberculosis
tbsp.	tablespoon
TCA	tricyclic antidepressant
temp.	temperature
TIA	transient ischemic attack
TKO	to keep open
TPR	temperature, pulse, respirations
tsp.	teaspoon
Tx	transport
u	unit
U/A	upon arrival
URI	upper respiratory infection
UTI	urinary tract infection
V/S	vital signs
VD	venereal disease
VF	ventricular fibrillation
v-fib	ventricular fibrillation
VO	verbal order
vol.	volume
WBC	white blood cell
wk.	week
WNL	within normal limits
wt.	weight
x	times, duration
y/o	years old
yr.	year

Appendix B – Equipment Checklists

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